**Equalities Monitoring Form**

The intention of the following questions is to ensure that as far as possible the Panel has a balance of representation by gender, people of different sexual orientation, ages, different ethnic backgrounds and faiths, and people with disabilities.

This information will NOT be shared with anyone other than those making the decision about Panel Membership.

|  |  |
| --- | --- |
| Age: | 18-24  25-34  35-44  45-54  55-64  65+ |
| Gender: | Which of the following options best describes how you thinks of yourself?  Woman/Girl (Including trans women/girls)  Man (including trans men)  Non-binary  In another way  Prefer not to say |
| Trans Status | Is your gender identity the same as the gender you were given at birth?  Yes  No  In some ways  Prefer not to say |

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnicity:  **Asian or Asian British**  Bangladeshi  Indian  Kashmiri  Pakistani  Any other Asian background  Please specify below if you wish.......  ........................................................... |  | **Mixed Racial Identity**  Asian and White  Black and White African  Black and White Caribbean  Any other mixed background  Please specify below if you wish.......  ........................................................... |  |
| **Black or Black British**  African  Caribbean  Any other Black background  Please specify below if you wish.......  ........................................................... |  | **White**  Eastern European  English, Scottish, Welsh, N Irish  Irish  Gypsy or Irish traveller  Any other White background  Please specify below if you wish.......  ........................................................... |  |
| **Chinese, Arab or Other ethnic group**  Arab  Chinese  Any other  Please specify below if you wish.......  ........................................................... |  | Prefer not to say |  |

Disability: Please tick against one of the following:

Do you consider yourself to have a disability under the Equality Act 2010?

Yes  No  Prefer not to say

Please describe the nature of your disability

|  |  |  |  |
| --- | --- | --- | --- |
| Buddhist  Christian  Hindu  Jewish |  | Muslim  Sikh  No religion  Other  Please specify below if you wish…………………  Prefer not to say |  |

Religion or belief:

### Sexual Orientation: Which of the following options best describes how you think of yourself?

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual  Gay or Lesbian  Prefer not to say |  | Heterosexual  Other sexual orientation  Not Known |  |

**Is there any further relevant information which you would like to share?**